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Bib Data Sheet

CONFIRMATION NO. 3667

<b>SERIAL NUMBER</b> 10/502,325	<b>FILING OR 371(c) DATE</b> 05/20/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 742114-9
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## APPLICANTS

Torben Dalgaard, Holstebro, DENMARK;  
 Niels Toft Jorgensen, Loesnig, DENMARK;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/DK03/00041 01/23/2003 ✓ *8/3/07*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

DENMARK PA 2002 00121 01/23/2002 ✓ *8/3/07*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

## ADDRESS

25570

## TITLE

Blood pressure measuring device with a cuff of two openable concave shell parts

<b>FILING FEE RECEIVED</b> 1282	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
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<b>APPLICANTS</b> Torben Dalgaard, Holstebro, DENMARK; Niels Toft Jorgensen, Loesnig, DENMARK; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DK03/00041 01/23/2003 <b>** FOREIGN APPLICATIONS *****</b> DENMARK PA 2002 00121 01/23/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /PATRICIA C MALLARI/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> ROBERTS, MLOTKOWSKI & HOBBS P. O. BOX 10064 MCLEAN, VA 22102-8064 UNITED STATES						
<b>TITLE</b> Blood pressure measuring device with a cuff of two openable concave shell parts						
<b>FILING FEE RECEIVED</b> 1282	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			